

Command, the intelligence community, and all of the other disparate elements of the government are working in concert to improve our cybersecurity. However, the Office of the National Cyber Director is very much a startup at the moment.

While we will be voting on a full budget for this office later this week, including, I hope, an amendment to provide the full \$25 million yearlong appropriation recommended by the Solarium Commission, we can't wait until the full fiscal year 2022 budget is passed to get Director Inglis on his feet and up and running.

After all, our adversaries certainly aren't constrained by our budgetary calendar. In drafting the bill, we anticipated that the NCD might need to call upon the personnel, facilities, or services of Federal departments and agencies, with their permission, of course. However, there seems to be some ambiguity within the White House about whether this includes the ability of the Office to accept the services of nonreimbursable detailees.

While I think the language and the congressional intent of the original statute are quite clear, this bill should clear up any misunderstanding once and for all by explicitly authorizing nonreimbursable detailees. This legislation will help Director Inglis get a staff vanguard in place and ensure he and his successors can take advantage of the expertise resident at the various agencies that contribute to our success in cyberspace.

Mr. Speaker, let me again thank Senators PORTMAN and PETERS and Chairwoman MALONEY for moving so quickly to address this urgent issue. Congress has already shown tremendous support for this Office, and I think the speed at which this bill moves is a testament to our commitment to its success.

Mr. Speaker, I urge all of my colleagues to support S. 2382.

Mr. KELLER. Mr. Speaker, I yield back the balance of my time.

Ms. NORTON. Mr. Speaker, I strongly support this bill and urge my colleagues to do the same. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from the District of Columbia (Ms. NORTON) that the House suspend the rules and pass the bill, S. 2382.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. GREENE of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

DISPOSE OF UNUSED MEDICATIONS AND PRESCRIPTION OPIOIDS ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 957) to direct the Secretary of Veterans Affairs to ensure that certain medical facilities of the Department of Veterans Affairs have physical locations for the disposal of controlled substances medications.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 957

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DESIGNATION OF PERIODS DURING WHICH ANY INDIVIDUAL MAY DISPOSE OF CONTROLLED SUBSTANCES MEDICATIONS AT FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

Section 3009 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116-315; 38 U.S.C. 8110 note) is amended—

(1) by redesignating subsection (b) and (c) as subsections (c) and (d), respectively; and
(2) by inserting after subsection (a) the following new subsection (b):

“(b) DESIGNATION OF PERIODS FOR ANY INDIVIDUAL TO DISPOSE OF MEDICATION.—

“(1) IN GENERAL.—The Secretary shall designate periods during which any individual may dispose of controlled substances medications at a covered Department medical facility.

“(2) PUBLIC INFORMATION CAMPAIGNS.—The Secretary may carry out public information campaigns regarding the periods designated under paragraph (1).”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on S. 957.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased that we are bringing up to the floor Senator KENNEDY's bill, S. 957, the DUMP Opioids Act. I also want to commend Congresswoman MILLER-MEEKS and Congressman TRONE for their work in introducing a House companion to this legislation.

We have all seen reports of a dramatic increase in accidental and intentional overdose deaths during the pandemic, both among veterans and non-veterans, in our communities. While addressing the factors that lead to substance misuse, we must also act immediately to lower access to controlled substances for those in distress.

I applaud my colleagues for advancing this legislation as one piece in our

lethal means safety approach to suicide and accidental death prevention.

The Department of Veterans Affairs has been a leader in decreasing prescribing of opioids and in developing nonopioid forms of pain management. This is vitally important given what we know about the health risks that even prescription opioids pose for veterans and others in our Nation.

At the same time, chronic pain is a challenging, significant, and ongoing concern for many veterans and there are times when opioids are appropriately prescribed and monitored. We need to make sure, however, that people have safe ways to dispose of opioid medications when they are either no longer needed or when they could be used unsafely in a home. This bill ensures that veterans and members of the public may safely dispose of unused controlled substances in special repositories on VA properties on days specifically designated by VA as public take-back days.

The Secretary of the VA has the authority to set appropriate guidelines for safe disposal by members of the public.

Mr. Speaker, I ask my colleagues to join me in supporting the DUMP Opioids Act, and I reserve the balance of my time.

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Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of S. 957, the Dispose of Unused Medications and Prescription Opioids Act, or the DUMP Opioids Act.

Last year, Congress passed legislation that would allow veterans to dispose of excess prescription medications at VA medical facilities. The DUMP Opioids Act would allow nonveterans to do the same thing. It would also authorize a VA education campaign to make veterans and nonveterans alike aware of their ability to dispose of leftover medication at the VA.

This bill is sponsored in the Senate by Senator KENNEDY and in the House by Congresswoman MILLER-MEEKS. I am grateful to both of them for their leadership and advocacy on this important issue.

Earlier this month, CDC released data showing that opioid overdose deaths surged throughout the pandemic. In 2020, more than 93,000 Americans died of an overdose. This is an almost 30 percent increase from 2019.

We have to do everything we can to help those suffering from substance abuse disorder to overcome their addiction. One way we can do this is by making controlled substances less readily available. By making it easier for unused opioids and other prescription medication to be disposed of, this bill would help do that.

I hope that every Member will join me in supporting the DUMP Opioids Act.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), my good friend.

Mrs. MILLER-MEEKS. Mr. Speaker, I thank my colleague for yielding me time to speak.

Mr. Speaker, I rise today to speak in support of Senator JOHN KENNEDY's Dispose of Unused Medications and Prescription Opioids Act, S. 957, or the DUMP Opioids Act.

Earlier this year, President Trump signed the JOHNNY ISAKSON and DAVID P. ROE, M.D. Veterans Health Care and Benefits Improvement Act into law. Under this law, the VA is required to set up prescription drop boxes on VA campuses so that veterans can safely dispose of unused and excess controlled substance medications. The DUMP Opioids Act directs the Secretary of the VA to designate periods during which anyone, not just veterans, may dispose of unused medications at VA facilities.

In April, I partnered with Congressman DAVID TRONE to introduce the House companion to Senator KENNEDY's bill, and I am proud to see this bill before the House today.

As a doctor, I have seen firsthand the challenges created by opioid addiction and abuse. The opioid epidemic has hit every corner of the United States, and all of us know someone who has been harmed by addiction.

The DUMP Opioids Act is a simple expansion of current law that will give more Americans access to safe opioid disposal sites. Congress must work in a bipartisan manner and give our constituents the tools they need to tackle this head-on.

America has been hit hard by the opioid epidemic for years, especially over this past year during the pandemic, as illustrated by my colleague from Illinois. Iowa is no exception.

With opioid-related deaths up 35 percent in Iowa over the last year, we need to be more focused than ever on our efforts to both treat and prevent addiction. As a physician, I am proud to do my part to help combat this crisis.

Mr. Speaker, I thank Senator KENNEDY for his work with this bill, and I urge all of my colleagues to support S. 957, the DUMP Opioids Act.

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing S. 957, and I yield back the balance of my time.

Mr. BOST. Mr. Speaker, I encourage my colleagues to support this bill as well, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, S. 957.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WEBER of Texas. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

MAJOR MEDICAL FACILITY AUTHORIZATION ACT OF 2021

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1910) to authorize major medical facility projects of the Department of Veterans Affairs for fiscal year 2021.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1910

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Major Medical Facility Authorization Act of 2021".

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2021.

(a) IN GENERAL.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2021 at the locations specified and in an amount for each project not to exceed the amount specified for such location:

(1) Construction of an outpatient clinic and national cemetery in Alameda, California, in an amount not to exceed \$266,200,000.

(2) Construction of a new specialty care building 201 in American Lake, Washington, in an amount not to exceed \$110,600,000.

(3) Construction of a community living center and renovation of domiciliary and outpatient facilities in Canandaigua, New York, in an amount not to exceed \$383,741,000.

(4) Construction of a spinal cord injury center in Dallas, Texas, in an amount not to exceed \$249,000,000.

(5) Realignment and closure of the Livermore Campus in Livermore, California, in an amount not to exceed \$455,000,000.

(6) Seismic corrections to the mental health and community living center in Long Beach, California, in an amount not to exceed \$367,300,000.

(7) Construction of a spinal cord injury building with a community living center, including a parking garage, in San Diego, California, in an amount not to exceed \$252,100,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2021 or the year in which funds are appropriated for the Construction, Major Projects account, \$2,083,941,000 for the projects authorized in subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on S. 1910.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of Senator TESTER's S. 1910, the Major Medical Facility Authorization Act of 2021. I also thank my good friend and a valued member of the House Committee on Veterans' Affairs, Representative COLIN ALLRED, for introducing the House companion to this vital and important piece of legislation.

Mr. Speaker, each year, the Department of Veterans Affairs submits an annual budget request to Congress, and then it is our job to authorize and appropriate the funding that VA needs to care for America's veterans and their families. Within that larger funding request is VA's request for funds to replace and modernize its medical facilities.

This year's major construction request totals just over \$2 billion and will build a much-needed spinal cord injury center in Dallas, Texas; erect a community living center and renovate domiciliary and outpatient facilities in Canandaigua, New York; construct an outpatient clinic and a national cemetery in Alameda, California; and allow for the construction of a new specialty care building in American Lake, Washington, among other things.

Mr. Speaker, this Congress, our committee has highlighted VA's aging infrastructure. It might surprise some Members to learn the median age of VA medical centers is 58 years old. In the private sector, it is about 11 years.

Delivering 21st century healthcare in buildings that were built during the latter half of the 19th century is far from ideal and certainly not what our veterans deserve.

Despite outdated facilities, RAND and other academic entities have found VA provides better care than private options, in most cases. That is right. The VA provides better care even though it is working from outdated facilities. Imagine what those findings would look like if VA was competing with a modern infrastructure.

During our oversight efforts, the committee has learned that in order to fully recapitalize the Department's portfolio, VA would need roughly \$100 billion. The Biden administration's \$18 billion proposal to enhance VA's physical infrastructure is a downpayment in ensuring veterans have access to the most advanced healthcare and most robust infrastructure that we can provide.

My colleagues across the aisle may argue that potentially spending \$18 billion on VA's infrastructure is premature because it fails to consider existing reform efforts already underway, alluding to the AIR Commission. They will argue that we should wait for the Commission's findings. Given the severity of underfunding as it relates to VA's capital assets, we cannot afford to